

**NOTICE OF EXTENSION OR MODIFICATION**

**STATE OF INDIANA**

COUNTY OF \_\_\_\_\_

COURT:

PETITIONER

VS.

CASE NO.: \_\_\_\_\_

RESPONDENT

DATE: \_\_\_\_\_

Notice is hereby given that an order previously issued under the provisions of IC 5-2-9 has been extended or modified.

**PERSON PROTECTED (PETITIONER)**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: Male ☐ Female ☐  
Social Security Number (optional): \_\_\_\_\_  
Does the protected person live within a municipal boundary?(i.e., city or town limits) ☐ Yes ☐ No  
If yes, which municipality (i.e., city or town)? \_\_\_\_\_

**PERSON RESTRAINED (RESPONDENT)**

Name: \_\_\_\_\_ Telephone No.: Home: ( ) \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Sex: Male ☐ Female ☐ Race: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Location of place of business or where person usually/often found: \_\_\_\_\_  
Social Security Number (if known): \_\_\_\_\_

**REASON FOR EXTENSION OR MODIFICATION**

\_\_\_\_\_(a.) Extended due to:  
\_\_\_\_\_ motion for continuance. Hearing date moved to the \_\_\_\_\_ day of \_\_\_\_\_.  
Conditions of the order of protection remain unchanged.  
\_\_\_\_\_ renewal of existing order of protection; termination date changed to the \_\_\_\_\_ day  
of \_\_\_\_\_, as per attached order. Conditions of order of protection  
remain unchanged.

\_\_\_\_\_(b.) Modified due to:

\_\_\_\_\_Petitioner's or Respondent's change of address (**NOTE:** page 4 of this form needs to be completed **ONLY WHEN** this applies).  
 \_\_\_\_\_conditions of the order of protection have been modified (see attached order).  
 \_\_\_\_\_other (see attached order).

Date order of protection was issued:\_\_\_\_\_

Date order was modified or extended:\_\_\_\_\_

Date order will be terminated:\_\_\_\_\_

### TYPE OF ACTION

\_\_\_\_\_ Protective Order in a Paternity Action [IC 31-14-16]  
 \_\_\_\_\_ Temporary Restraining Order: Dissolution or Legal Separation Action [IC 31-15-4-3]  
 \_\_\_\_\_Abusing, harassing, disturbing the peace [IC 31-15-4-3(2)]  
 \_\_\_\_\_Exclusion from dwelling [IC 31-15-4-3(3)]  
 \_\_\_\_\_ Protective Order in a Dissolution or Legal Separation Action [IC 31-15-5]  
 \_\_\_\_\_ Juvenile Court Order [IC 31-32-13]  
 \_\_\_\_\_ Dispositional Decree in a Juvenile Proceeding[ IC 31-34-20-1, IC 31-37-19-1 and 5]  
 \_\_\_\_\_ Protective Order in a Child in Need of Services (CHINS) Proceeding [IC 31-34-17]  
 \_\_\_\_\_ Protective Order in a Juvenile Delinquency Proceeding [IC 31-37-16]  
 \_\_\_\_\_ Pretrial Diversion [IC 33-14-1-7]  
 \_\_\_\_\_ Emergency Protective Order [IC 34-26-2-6]  
 \_\_\_\_\_ Protective Order [34-26-2-12]  
 \_\_\_\_\_ Pretrial Release: Condition of Bail (Bond) [IC 35-33-8-3.2 ]  
 \_\_\_\_\_ Condition of Probation [IC 35-38-2-2.3]

Prepared by:\_\_\_\_\_

**Notice to Petitioner:** The address and telephone number listed here are for service on the petitioner, and they **will not be kept confidential**. If this is *Pro Se*, the Petitioner may use an alternative address and telephone number to the address and telephone number used on the **CONFIDENTIAL FORM**.

Name:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_

Telephone:\_\_\_\_\_

Attorney Number (if applicable): \_\_\_\_\_

**FOR USE BY CLERK OF COURT**

***NOTICE OF EXTENSION OR MODIFICATION*** has been sent to the following Protective Order

**Depositories:**

\_\_\_\_\_ Sheriff of \_\_\_\_\_ County.

\_\_\_\_\_ The law enforcement agency of the municipality, if any, in which the protected person resides.

Name of municipality:\_\_\_\_\_.

\_\_\_\_\_ Any other sheriff or enforcement agency of a municipality named in the order [i.e., the county and city in which the protected person works]

Name of county:\_\_\_\_\_.

Name of municipality:\_\_\_\_\_.

**CONFIDENTIAL PAGE**

**COMPLETE THIS PAGE FOR CHANGE OF ADDRESS  
FOR USE BY COURT, CLERK, AND LAW ENFORCEMENT PERSONNEL ONLY**

**Note: The following information is confidential under Indiana law pursuant to IC 5-2-9-7, and it may not be released. This information may only be used by the court, sheriff, law enforcement agencies, clerk of the circuit court, and prosecuting attorney.**

\_\_\_\_\_  
Petitioner

vs.

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Respondent

Date: \_\_\_\_\_

Name of protected person: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male ☐ Female ☐ Race: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Tel. #: \_\_\_\_\_

Within a municipal boundary? Yes ( ) No ( )      Within a municipal boundary? Yes ( ) No ( )

Which municipality? \_\_\_\_\_ Which municipality? \_\_\_\_\_

\_\_\_\_\_  
Social Security Number (optional): \_\_\_\_\_

Name of restrained person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number (if known): \_\_\_\_\_

Sex: Male ( ) Female ( )

Race: \_\_\_\_\_

